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APPLICANTS

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** CONTINUING DATA *****

This application is a 371 of PCT/US00/18747 07/07/2000
 and is a CON of 09/348,881 07/07/1999 PAT 6,288,027
 which is a CIP of 09/173,189 10/14/1998 PAT 6,271,351
 which is a CIP of 08/974,658 11/19/1997 ABN
 which is a CON of 08/471,583 06/07/1995 PAT 5,691,452
 which is a CIP of 08/458,916 06/02/1995 PAT 5,840,852
 which is a CON of 08/409,337 03/23/1995 PAT 5,854,209

02

** FOREIGN APPLICATIONS *****

now

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: Initials:	STATE OR COUNTRY MA	SHEETS DRAWING	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
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ADDRESS

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TITLE

Preserving a hemoglobin blood substitute with a transparent overwrap

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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